

Health Department, City of Baltimore.

Permit No. 98583 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Weber

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baker ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. } 326 Woodyear St

Cause of Death, { First (Primary), Second (Immediate), } Bright disease of kidneys Chronic Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 15 March 1887

{ Undertaker, Ph. J. Dill. } Geo R Graham M. D. Medical Attendant.

{ Place of Business, 746 Columbia Ave } Address, 725 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98584 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 3/12/87

Full Name of Deceased, Emma Deal
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, — Days.

Color, Ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Balto.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 117 Sarah Ann
{ Give Street and Number. }

Cause of Death, Debility
Pneumonia
one month
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15th 87

{ Undertaker, W. H. Bishop

{ Place of Business, 97 Duval St.

E. A. Fleming M. D.
Medical Attendant.

Address, 601 Franklin

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98586 Office of Registrar of Vital Statistics. Ward 11

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CERTIFICATE OF DEATH.

Date of Death, March 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Tiernan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 86 Years, 11 Months, 24 Days.

Color, Colored

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. } Widower ✓

Occupation, Tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Hagerstown Maryland
(1800 - April 4)

Duration of Residence in the City of Baltimore, 60 years (60)

Place of Death, { Give Street and Number. } 431 W Biddle St

Cause of Death, { First (Primary), Second (Immediate), } (Cold), General Dropsy

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Avenue

Date of Burial, March 15th 1887

Undertaker, H. A. Birk J. A. Gilliss M. D.

Medical Attendant.

Place of Business, 97 Dried Hill Address, 437 W. Biddle St

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[OVER.]

* Not "J. A. Collis", circular are due did to our month or so ago from Health Department.

Health Department, City of Baltimore.

Permit No. 98586

Office of Registrar of Vital Statistics.

Ward 17

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CERTIFICATE OF DEATH.

Date of Death,

March 13/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

David Baker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 5 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1242 Hull St. Lk.

Cause of Death, { First (Primary), Second (Immediate), }

Membranous Croup (chronic)

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, March 15, 1887

Undertaker, M. A. Beyer Atty.

Rev. Mansfield

M. D.

Medical Attendant.

Place of Business, 229 S. Broadway

Address, 129 S. Broadway

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98587 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 12th 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Karl P Linckhand.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 6 Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Boat

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Boat

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 935 N Fayette

Cause of Death, { First (Primary), Second (Immediate), } Measles
Capillary Bronchitis
1 Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem

Date of Burial, March 13/87

{ Undertaker, J. B. Cook } Davis (R. D. Horn) M. D. Medical Attendant.

{ Place of Business, 1003 Baltimore St } Address, 967 Mulberry St

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Health Department, City of Baltimore.

Permit No. 98588 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 13th March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. P. M. Laughlin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 730 Dover

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mar. 15 1887

Undertaker, J. B. Cook Edw. J. McMichael M. D.

Medical Attendant.

Place of Business, 1003 W. Baltimore Address, 707 W. Lombard

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98589

Office of Registrar of Vital Statistics.

Ward 13²

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CERTIFICATE OF DEATH.

Date of Death, Mar 13th / 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Phalen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, 7 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, 929 W Lombard

Place of Death, { Give Street and Number. } 929 W Lombard

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Congestion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Union Hill Park

Date of Burial, March 14 1889

{ Undertaker, Jas B. Green } W D Blake M. D. Medical Attendant.

{ Place of Business, 1003 W Baltimore St } Address, 1003 W Baltimore St

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98590

Office of Registrar of Vital Statistics.

Ward 8th

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CERTIFICATE OF DEATH.

Date of Death, Monday March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 16 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bowling Green, Kentucky

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, { Give Street and Number. } The Home of The Oblate Sisters, Forest Place, N.W.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis.
Exhaustion (3) Months

Duration of Last Sickness, (3) Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 16 1887

Undertaker, Jas. C. Byrne Wilmer Brinton M. D.

Place of Business, New No 302, N. E. Ave. Address, Chase St. + Forest H. Ave.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98591

Office of Registrar of Vital Statistics.

Ward 14

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CERTIFICATE OF DEATH.

Date of Death, March 12 '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Kerner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 67 Years, — Months, — Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give Street and Number. } 237 S. American Ave (Alley)

Cause of Death, { First (Primary), Second (Immediate), } Atrophia musculorum progressiva
Senectus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 15 '87

{ Undertaker, G. France

{ Place of Business, Bank & Yell Address, 1523 S. Baltimore

J. H. Little M. D.
Medical Attendant.

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[OVER]

Health Department, City of Baltimore.

Permit No.

98592

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death,

March 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Tierney

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

26

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

22 years

Place of Death, { Give Street and Number. }

City Hospital

Cause of Death,

{ First (Primary),

Phthisis

{ Second (Immediate),

Heart Failure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cem.

Date of Burial,

March 15th 87

{ Undertaker,

G. France

William C. Gordon

M. D.

Medical Attendant.

{ Place of Business,

9 Janes St. W. J. Janes

Address,

City Hospital

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[OVER.]